|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date received** |  | **Student Identification** |
|  |  |  |  |

Before completing:

* Please read ORS guidelines before completing this application.
* Check [www.education.govt.nz](http://www.education.govt.nz) [Apply for Ongoing Resourcing Scheme (ORS)](http://www.education.govt.nz/school/student-support/special-education/ors/apply-for-ors/) for the latest version of this form.
* An educator e.g. class teacher should complete the form with the parents/caregivers, and the professionals providing learning support to the student.
* Keep a copy of this application on file.
* Please print and scan application form in colour.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Criterion number: |  |
|  |  |  |  | Nominate the main criterion or criteria relevant to the student’s needs. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student | | |  | | | | | | |  | NSN: |  | | |
|  |  | | | | |  |  | | | | | |  | |
| First name: |  | | | | |  | Family name: | | | | | |  | |
|  |  | | | | |  |  | | | | | |  | |
| Also known as: |  | | | | |  | Gender: | | | | | |  | |
|  |  | | | | |  |  | | | | | |  | |
| Date of birth: |  | | | | |  | Age: | | | | | | Years       Months | |
|  |  | | | | |  |  | | | | | |  | |
| Ethnic Group(s): | 1) |  | | | 2) |  | | | | | | | 3) |  |
|  |  | | | | |  | | |  | | | |  | |
| First language: |  | | | Other: | | | |  | | | | | | |

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| Parents/Caregivers | | Parent 1 |  | Parent 2 |
|  |  | |  |  |
| First name: |  | |  |  |
|  |  | |  |  |
| Family name: |  | |  |  |
|  |  | |  |  |
| Postal address: |  | |  | If different from Parent 1 |
| Postcode: |  | |  |  |
|  |  | |  |  |
| Phone: |  | |  |  |
|  |  | |  |  |
| Email: |  | |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| School | | | | | | | |
|  |  | | | |  |  |  | |
| School Name: |  | | | |  | Facility No: |  | |
|  |  | | | |  |  |  | |
| Principal: |  | | | | | | | |
|  |  |  |  | | | |  | |
| Postal address: |  | | | | | | | |
| Postcode: |  |  |  | | | |  | |
|  |  |  |  | | | |  | |
| Phone: |  |  | Email: |  | | | | |

A letter with the decision will be sent to:

* Parent/caregiver
* Principal
* Educator who completed this application
* Fundholder

You may enter one additional person to receive of copy of the letter with the decision

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Additional person to receive a copy of the letter | | | | |
|  |  | | | |
| First name: |  | | | |
|  |  | | | |
| Family name: |  | | | |
|  |  | | | |
| Postal address: |  | | | |
| Postcode: |  | | | |
|  |  |  |  |  |
| Phone: |  |  | Email: |  |

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| Describe the student’s competencies when they are relevant to the nominated criterion.  Include information about adaptations to the student’s learning contexts and teaching strategies.  Refer to the NZ Curriculum learning areas and key competencies. | | | | | |
|  | | | | | |
| Thinking | understanding rules; generalising;  identifying problems;  solving problems;  absorbing knowledge; retaining what’s learned; | using knowledge functionally;  making choices;  thinking flexibly;  using imagination;  showing curiosity; | | | asking and responding to questions;  understanding risks and consequences of actions. |
| Text box will expand | | | | | |
|  | | | | | |
| Using language, symbols and texts | listening;  understanding and use of expressive language;  generating and using ideas for writing; | understanding and using text including concepts about print and reading accuracy, and comprehension;  understanding and using mathematical concepts including functional maths skills; | | | understanding and using NZSL, Braille, augmentative communication systems;  use information from  bi-lingual assessments where available. |
| Text box will expand | | | | | |
|  | | | | | |
| Managing self | managing personal care and belongings;  gross and fine motor skills; transferring and positioning;  using specialised equipment e.g. seating, walkers, computers; functional living skills e.g. using public transport; | | following rules, routines and social conventions;  behaving responsibly; acting positively;  using common sense; seeking help;  attending to task; engaging in learning; persevering when it is hard;  expressing angry/upset feelings safely; making a mistake and feeling OK about it. | | |
| Text box will expand | | | | | |
|  | | | | | |
| Relating to others | attending;  responding to andinitiating communication;  considering the needs of others; sharing; taking turns; | | | interacting socially;  co-operating in games and activities; accepting others’ differences;  showing awareness of others; engaging with others. | |
| Text box will expand | | | | | |
|  | | | | | |
| Participating and contributing | participating in group, class, home, and community activities;  sharing ideas;  commenting;  answering questions;  initiating conversation;  offering opinions; | | | understanding another person’s point of view;  making suggestions;  taking on responsibility;  showing enjoyment;  taking an interest;  working on a task with others. | |
| Text box will expand | | | | | |
|  | | | | | |
| Interventions | | | | | |
| Summarise the specific programmes or interventions the student has received, from whom and give their job title. | | | Length of intervention e.g.  hours per week, number of weeks | | |
| Text box will expand | | | | | |
|  | | | | | |

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| --- | --- |
| Other information  not included in  this application | **Include where relevant:**   * for Year 1 and Year 2 students, information about their early childhood and/or early intervention history * specialised equipment and technology currently used * immigrant students - length of time in NZ and history of education prior to arrival in NZ * current audiogram showing both unaided and aided hearing, and audiologist’s report * current ophthalmologist’s or optometrist’s report showing best corrected vision * diagnosis, date made and specialist designation. |
| Text box will expand | |
|  | |

### Complete the Declaration (next page).

### Send the completed form by

1. **Email**

Scan the completed form including the signed Declaration page and send to [manager.eligibility@education.govt.nz](mailto:manager.eligibility@education.govt.nz) . Do **not** post a duplicate print copy.

If no scanner is available, email the form as an attachment. Post the signed Declaration page (**only**) to the address below.

### Or

1. **Post**

Assurance and Eligibility

Learning Support

Ministry of Education

PO Box 1666

Wellington 6140

**Applications are acknowledged by email within two working days of receipt.**

**Please contact us by email at** [**manager.eligibility@education.govt.nz**](mailto:manager.eligibility@education.govt.nz) **or phone 04 463 8016 or 04 463 8182 if acknowledgment is not received.**

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| Declaration | | | | | | | | |
|  |  | | | |  |  | |  |
| By the educator completing this application I have read the completed application and confirm the information is accurate. | | | | | | | | |
|  |  | | | |  |  | |  |
| Student name: | |  | | | | | | |
|  |  | | | |  |  | |  |
| Name of Educator: | |  | | |  | Job title: | |  |
|  |  | | | |  |  | |  |
| Place of employment: | |  | | | | | | |
|  | |  |  |  | | |  | |
| Postal address: | |  | | | | | | |
| Postcode: | |  | | |  |  | |  |
|  | |  | | |  |  | |  |
| Phone: | |  | | |  | Email: | |  |
|  | |  | | |  |  | |  |
| Educator’s signature: | | |  | | --- | |  | |  | |  | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Educator’s Manager | | | | |
|  |  |  |  |  |
| Name: |  |  |  |  |
|  |  |  |  |  |
| Job title: |  |  | Signature: |  |

## By the people providing information used in this application

I have read the completed application and agree that the information I have provided is used appropriately.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Job title | Signature | Date |
|  |  |  |  |
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## By the parents/caregivers

I have read the information in this Application Form and agree that it is an accurate description of my child. I allow it to be given to, and used by, the Ministry of Education to decide on the eligibility of my child for entry into the Ongoing Resourcing Scheme (ORS) and to be given to, and used by, educators and Ministry staff when deciding whether to proceed with any further applications for ORS. If my child is eligible for the ORS, I give consent for this information to be given to others involved in the allocation of learning support resources and to professionals providing learning support services for my child.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent/caregiver signature: | |  | | --- | |  | |  | |  | | Date: |  |